UNITED STATES PRETRIAL SERVICES OFFICE EASTERN DISTRICT OF VIRGINIA APPLICATION FOR EMPLOYMENT

Position #]	Position Titl	le:	
Da4a af A 1! aa4! a					_
If You Need Addi	tional Space, Con	tinue Und	er "Remarks" Li	sting Letter or Item Numbe	r (Page 6)
1. Name: Last, First, Middle Initial	Mr□ Miss□	Mrs□	Ms□		2. Social Security Number
OFFICER APPLICANTS ONLY MAY N 1987, Amended March 1991)	NOT HAVE REA	CHED TH	EIR 37TH BIRT	CHDAY (Federal Judiciary C	
4. Present Address		5. Phone	Number	6. Place of Birth	
		(H)		City	
		(W)		State/Country	
7. Have you ever used, or been known by	any other name.	If yes, list	name(s): \square Y	es 🗆 No	
a			b		
c			d		
ALL TO A DAY CEDATICE					
MILITARY SERVICE					
8a. Have you ever served on active duty v	with the military?	□ Yes □	No Dates of S	ervice: From	To
b. Are you retired from military service	? □ Yes □ No	Ту	pe of Discharge		
GENERAL					
9a. Are you a U.S. Citizen? ☐ Yes ☐ No	Give the Countr	y of your	Citizenship		
b. Are you a legal alien? ☐ Yes ☐ No	Are you a natur	alized citi	zen? □ Yes □	No	
10. a. Were you ever a Federal civilian em	ployee? □ Yes □	□ No For h	nighest civilian g	grade give:	/
b. Are you receiving a Federal annuity				series	grade
c. What is the lowest pay you will acce			_		
d. Have you been, or are you delinque			-		he end of this form.
11. Do you have any relatives that are Jud	ges, Officers or e	mployees	of the United Sta	ites Courts? □ Yes □ No	
If so, give their names, positions and re	elationships to yo	u			
12. Have you ever been discharged from a If yes, explain under Remarks at the en		l to resign	under the threat	of discharge? □ Yes □ No	
13. Have you ever been convicted of a crimunder a juvenile offender law; (2) offen					

minor traffic violations for which you paid a fine of \$100 or less) If yes, explain under Remarks at the end of this form.

WORK EXPERIENCE

Including military service and/or unpaid jobs

(Start with your present position and work back 10 years. Use additional pages if necessary.)

May we contact your present employer? ☐ Yes ☐ No Dates of Employment (month, day, year) **Exact Title of Your Position** Number of hours worked per week: From: _____ To: ____ Salary or Earnings Starting \$ Per Classification Grade/Level Kind of Business or Organization (If in Federal Service) Final \$_____ Per ____ Name and Address of Employer (firm, organization, etc.) Name, Title & Telephone Number of Immediate Supervisor Business Telephone: Area Code Number Number of Employees You Supervised Reason for Leaving Description of Work Dates of Employment (month, day, year) Number of hours worked per **Exact Title of Your Position** week: From: _____ To: ____ Salary or Earnings Starting \$ _____ Per ____ Classification Grade/Level Kind of Business or Organization (If in Federal Service) Final \$_____ Per ____ Name and Address of Employer (firm, organization, etc.) Name, Title & Telephone Number of Immediate Supervisor Business Telephone: Area Code Number Number of Employees You Supervised Reason for Leaving Description of Work

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	week:	Exact Title of Tour Fosition	
From: To:			
Salary or Earnings Starting \$ Per		Kind of Business or Organization	
Final \$Per	(If in Federal Service)		
Name and Address of Employer (firm, organization, etc.)		Name, Title & Telephone Number of Immediate Supervisor	
Business Telephone: Area Code Number	Number of Employees You Supervised		
Reason for Leaving		l	
Description of Work			
. Dates of Employment (month, day, year)	Number of hours worked per	Exact Title of Your Position	
Dates of Employment (month, day, year)	Number of hours worked per week:	Exact Title of Your Position	
	week: Classification Grade/Level	Exact Title of Your Position Kind of Business or Organization	
Dates of Employment (month, day, year) From: To:	week: Classification Grade/Level (If in Federal Service)		
Dates of Employment (month, day, year) From: To: Salary or Earnings Starting \$ Per	week: Classification Grade/Level (If in Federal Service)		
Dates of Employment (month, day, year) From: To: Salary or Earnings Starting \$ Per Final \$ Per	week: Classification Grade/Level (If in Federal Service)	Kind of Business or Organization Name, Title & Telephone Number of	
Dates of Employment (month, day, year) From: To: Salary or Earnings Starting \$ Per Final \$ Per Name and Address of Employer (firm, organization, etc.)	week: Classification Grade/Level (If in Federal Service)	Kind of Business or Organization Name, Title & Telephone Number of Immediate Supervisor	
Dates of Employment (month, day, year) From: To: Salary or Earnings Starting \$ Per Final \$ Per Name and Address of Employer (firm, organization, etc.) Business Telephone: Area Code Number	week: Classification Grade/Level (If in Federal Service)	Kind of Business or Organization Name, Title & Telephone Number of Immediate Supervisor	

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Salary or Earnings Starting \$ Per Final \$ Per	Classification Grade/Level (If in Federal Service)	Kind of Business or Organization
Name and Address of Employer (firm, organization	, etc.)	Name, Title & Telephone Number of Immediate Supervisor
Business Telephone: Area Code Number		Number of Employees You Supervised
Reason for Leaving Description of Work		
Description of Work		
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Description of Work	Number of hours worked per week: Classification Grade/Level (If in Federal Service)	Exact Title of Your Position Kind of Business or Organization
Description of Work Dates of Employment (month, day, year) From: To: Salary or Earnings Starting \$ Per	Number of hours worked per week: Classification Grade/Level (If in Federal Service)	

Description of Work

14. a. Do you have a high school dip	loma? □ Yes □ No	GED equivalent? □	l Yes □No			
If yes, Date of Completion						
b. Name and location of colleges or universities attended	Dates Attended	Number of Credit Hours Quarter Semester	Degree	Date Received	Grade Point Average and/or scholastic standing	
Major Undergraduate Subjects	Credit Hours Quarter Semester	r Major Graduate Subjects Q		Cred Quarter	Credit Hours Quarter Semester	
d. Other schools or training such as subject studies, certificates, and a			ve for each: Name an	d location of school	ol, dates attended,	
15. Fluent in foreign language(s): Spe	ak □Yes □No	Read □ Yes □ No V	Vrite □ Yes □ No			
If yes, what languages:				_		
16. Can you type? ☐ Yes ☐ No If y	res, WPM:					
17. List software applications with w	hich you are proficient	:				
18. List hardware you have used:						
19. Describe other automation/netwo	rk skills:					

REMARKS

(Use this space for continuation of answers. List the number or letter of items being continued.)

	REFERENCES	
NAME	ADDRESS & TELEPHONE NUMBER	RELATIONSHIP
	A DDI TOANIE GEDERAGA EKON	
	APPLICANT CERTIFICATION:	
I certify that, to the best of my knowledge and bel good faith. I understand that false or fraudulent in begin work, and may be punishable by fine or imp	formation on or attached to this application may	be grounds for not hiring me, or firing me after I
SIGNATURE	DATE S	IGNED
	2.112 5.	
(To be signed at interview if electronically submitted	DATE St	UBMITTED